

## **Town of Grafton**

## **Employment Application**

All information must be typed or printed in readable writing. Unreadable application will be discarded.

The Town of Grafton (the "Town") is an equal opportunity employer and considers all applicants for employment without regard to race, color, religion, national origin, ancestry, sex, sexual orientation, gender identity, transgender status, pregnancy or a condition related to pregnancy, age (as defined by law), disability, military or veteran status, genetic information, or based on any individual's status in any group or class protected by applicable federal, state, or local law. The Town provides reasonable accommodations to qualified individuals with disabilities in accordance with the Americans with Disabilities Act and applicable state and local law. If you require an accommodation in the application process, please contact Human Resources.

In processing this Employment Application, the Town may request that an investigative consumer report be prepared, which may include information as to an applicant's character, general reputation, and personal characteristics, obtained through personal interviews with neighbors, friends, and associates. In addition, information may be obtained from former employers and educational institutions that an applicant has attended. A credit bureau report may also be obtained as part of this application and later for purposes of promotion, reassignment, or retention. To the extent a consumer report or an investigative consumer report is required, an applicant will be provided with a separate disclosure and authorization form under the Fair Credit Reporting Act and applicable state law for the applicant's execution.

Personal Information							
1. Date of	Application:						
			Middle		3. Telephone Number:	Home:Area Code / Number Daytime:	
<b>4.</b> Address:	:Number			Street		Apartment Number	
	City/Town			State		Zip Code	
<b>5.</b> Are you	<b>5.</b> Are you legally authorized to work in the United States?   YES   NO						
I understand that any offer of employment is conditioned upon the satisfactory completion of the verification process as required by the Immigration Reform and Control Act of 1986, and that the Town will only hire those individuals who are legally authorized to work in the United States and who present acceptable proof of their legal right to work in the United States.  Employment Information							
6. Position Applying for: 7. Pay Rate Expectations: 8. Date available to start:							
9. Are you willing to work overtime (evenings or weekends) if required? □ Yes □ No							
<b>10.</b> Number of hours you wish to work per week: <b>11.</b> Days/hours you are available to work:							
<b>12.</b> Have you ever been employed by the Town before? ☐ YES ☐ NO							
If	f yes, when?_			In	which department?		
<b>13.</b> Do you have an immediate family member (i.e. spouse, mother, father, sibling, or child) working for the Town of?  VES  NO							
Τf	ves, Employe	e's Name:			Department:		

Nowononon title			□						
☐ Posted Town Bulleti	n		The Internet						
		Edu	ucation						
15.			# -£V						
Name / Location	Course of Stu	ıdy	# of Years Completed	Did you graduate?	Type of Degree(s)				
High School				☐ YES ☐ NO					
College				☐ YES ☐ NO					
Graduate School				☐ YES ☐ NO					
Business/Technical				☐ YES ☐ NO					
<b>16.</b> Do you possess the following	g skills or licenses?	Please list in	detail all that apply	.1					
Specialized Training?	☐ YES ☐	NO N	lame of Training/Cou	urse:					
Professional Licenses?	☐ YES ☐	NO L	icenses:						
Professional Membershi	ps? YES	NO N	lame of Organizatior	ns:					
Computer Software?	☐ YES ☐	NO N	lame of Programs:						
Office Equipment?	YES	NO D	escribe Equipment:						
Drivers' License ?			tate and No.:						
If more room is required, an add	_	_	If more room is required, an additional sheet may be attached.						
	⊢r	nninvm							
	LI	прюутт	ent History						
List present employer first. Include work performed on a volunteer basis	summer and part-time	e work, and ar	ny periods of unemploy	ment. You may include in yer, this section must be co	n your work history verified ompleted.				
List present employer first. Include work performed on a volunteer basis  17. Employer's Name:	summer and part-time s. A resume or supplem	e work, and ar mental sheet n	ny periods of unemploy nay be included, howev	vment. You may include inver, this section must be co	n your work history verified ompleted.				
work performed on a volunteer basis  17. Employer's Name:	summer and part-time s. A resume or supplem	e work, and ar mental sheet n	ny periods of unemploy nay be included, howev	er, this section must be o	n your work history verified ompleted. er:				
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work performed on a volunteer basis  17. Employer's Name:  Address:	summer and part-tim 5. A resume or supplen	e work, and ar mental sheet n	ny periods of unemploy nay be included, howev	Telephone Numb	er:To:				
work performed on a volunteer basis  17. Employer's Name:  Address:  Job title:  Immediate Supervisor's Name an	summer and part-times. A resume or suppler.	e work, and ai	ny periods of unemploy nay be included, howev ————————————————————————————————————	Telephone Numb	er:To:				
work performed on a volunteer basis  17. Employer's Name:  Address:  Job title:  Immediate Supervisor's Name an  May we contact this em	summer and part-times. A resume or supplements.  and Job Title:	e work, and armental sheet n	ny periods of unemploy nay be included, howev	Telephone Numb	er:To:				
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 $<sup>^1</sup>$  Only answer if relevant to the requirements for the position for which you are applying.  $_{\rm Client\ Matter/16305/00001/A5336596.DOCX}$ 

Job title:		Worked From:	To:
Immediate Supervisor's Name and Job Title:			
May we contact this employer? $\square$ YES	$\square$ NO		
Describe the work you performed:			
, , <u> </u>			
Reason(s) for leaving:			
40 5 1 7 1			
19 . Employer's Name:			
Address:			:
Job title:		Worked From:	
Immediate Supervisor's Name and Job Title:			
May we contact this employer? $\square$ YES	☐ NO		
Describe the work you performed:			
Reason(s) for leaving:			
20 . Employer's Name:		<u> </u>	
Address:		Telephone Number	:
Job title:		Worked From:	To:
Immediate Supervisor's Name and Job Title:			
May we contact this employer? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	$\square$ NO		
Describe the work you performed:			
Reason(s) for leaving:			
If more room is required, an additional sheet may be attached	d.		
Ref	ferences		
Please provide professional and/or business references only.	Note that refere	nces listed in this section will be	e contacted.
<b>21.</b> Reference #1			
Name:	Address:		
Business Position:	Telephone	Home:	
<b>22.</b> Reference #2		Work:	
	Address		
Name:			
Business Position:	i eiepnone	Home:	•
		Work:	

<b>23.</b> Reference #3			
Name:	Address:		
Business Position:	Telephone	Home:	
		Work:	
24. Reference #4			
Name:	Address:	_	
Business Position:	Telephone	Home:	
		Work:	
Applic	cant's Acknowle	dgement	
PLEASE READ CAREFULLY BEFORE SIGNING THIS E	EMPLOYMENT APPLICATIO	DN.	
It is unlawful in Massachusetts to require or admini employer who violates this law shall be subject to c		condition of employment or continued employment. An liability.	
	and any other pertinent in	ons and references to disclose to the Town any and all formation they may have, and I release all parties from	
if any) is true, accurate, and complete to the best of	of my knowledge, and that y omission or false staten	tion (and accompanying resume and/or other documents, I have withheld nothing that would, if disclosed, affect nent made by me on this Employment Application may	
I understand that an offer of employment may be screening, criminal records check, and/or a backgro		alts of a medical screening exam, pre-employment drug	
contract rights have been created. I also understan	nd and agree that my emp	t will be as an employee-at-will and that no employment loyment may be terminated at any time with or without r myself, unless otherwise provided by Town Charter or	
I HEREBY ACKNOWLEDGE THAT I HAVE READ THE	ABOVE STATEMENT AND U	NDERSTAND IT	
Signature:	Date:_		